RECEIVED CENTRAL FAX CENTER

PABST PATENT **GROUP**



JUL 1 2 2004

Pabst Patent Group LLP 400 Colony Square, Suite 1200

1201 Peachtree Street Atlanta, GA 30361

Telephone (404) 879-2150 Telefax (404) 879-2160

information@pabstpatent.com www.pabstpatent.com

TELEFAX

July ___, 2004 Date:

(Cincluding covershed)

To:

US PTO Telephone:

From: Patrea L. Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Telefax: 703-872-9306

Our Docket No. Your Docket No.

YU 132

Client/Matter No. 078245/00045

Please call (404) 879-2150 if you did not receive all of the pages, or if they are illegible.

CONFIDENTIALITY NOTICE: This facsimile, along with any documents, files, or attachments, may contain information that is confidential, privileged, or otherwise exempt from disclosure. If you are not the intended recipient or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, printing, distribution or use of any information contained in or attached to this facsimile is strictly prohibited. If you have remived this facsimile in error, please immediately notify us by facsimile or by telephone collect at the numbers stated above, and destroy the original facsimile and its attachments without reading printing, or saving in any manner. Your cooperation is appreciated. Thank you.

MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Peter M. Glazer

Serial No.:

09/978,333

Art Unit:

1655

Filed:

October 15, 2001

Examiner:

Carla J. Myers

For:

TRIPLE-HELLY FORMING OLIGONUCLEOTIDES

FOR TARGETED MUTAGENESIS

(45048193.1)

PTO/SB/21 (08-03)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Application Number

Application Number **TRANSMITTAL** Filing Date October 15, 2001 FORM First Named Inventor Peter M. Glazer Art Unit 1655 (to be used for all correspondence after initial filing) Examiner Name Carla J. Myers Attorney Docket Number YU 132 9 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance communication $\overline{ oldsymbol{arphi} }$ Drawing(s) to Group Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Atlached Appeal Communication to Group 1 (Appeal Notice, Brief, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(%) Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Identify below): **Extension of Timo Request** Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1,52 or 1,53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Pabst Patent Group LLP Patron L. Pabsil Esq., Reg. No. 31,284 400 Colony Square, Suite 1200, Atlanta, GA 30361 Individual namo Signature Dato July 7, 2004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Ronna-Borman July/ 7 2004 Signaturo This collection of information is required by 37 CFR 1.5. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PTO/SR/17 (10-03)
Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL Application Number Complete if Known	Under the Paperwork Reduction Act of 1995, no porsons are required to respond to a collection of information unless it displays a valid OMB control number.									
Filing Date October 15, 2001	CEE TO A NICHITTAI									
Papelicant dawns small critity status. See 37 CFR 1.27	LEE IKANSMILIAL									
Applicant dame small ontity status. See 37 CFR 1.27 Ant Unit	for EV 2004		Filing Date		Octob	ctober 15, 2001				
Applicant dawns small critity status, See 37 CFR 1,27				First Named Inventor			er M. Glazor			
TOTAL AMOUNT OF PAYMENT (3) Attempt Docket No. YU 132 METHOD OF PAYMENT (chick all that apphy) FEE CALCULATION (continued)				Examiner Name C			a J. Myers			
METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)		Applicant claims small entity status, See 37 CFR 1.27			Art Unit 1655					
Check Credit and Monoy Other None Order None Order Security Small Entity	TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket			ket No	. YU 13	YU 132			
Deposit Depo	METHOD OF PAYMENT (check all that apply)		FEE GALCULATION (con					tinued)		
Deposit Solution	Check Credit card Monay Other None									
Deposit Account Solution						Eas	D-4 szintina	_		
Pabst Patent Group LLP 1052 50 2052 25 Surcharge - Later Imaging to account in the provisional filing fee or cover sheet 1053 130 1053 133 Non-English specification 1053 130 Non-English sp	Deposit 50-3129		le (\$)	Çode		roe	Description	1	Fee Paid	
Pabst Patent Group LLP Name Name Pabst Patent Group LLP Name Name Pabst Patent Group Name	Number	•				-	•			
The present is authorized to: (check all hint apply) Crodit any overpayments 1804 920 Requesting a equest for ox parte reexamination 1804 920 Requesting publication of SIR prior to 1804 920	Account Papst Patent Group LLP			ļ	•	cover sheot		ang ice oi	├──┤╏	
Charge rec(s) indicated below Chorge rec(s) and part payment of fee(s) 1804 920* 1804 920* 1805 18	The Director is authorized to: (check all that apply)	,		,		• •		ta ranvamination	 	
Charge (eqc) indicated below, except for the filing fee to the above-identified deposit account 1251 110 2751 55 Extension for reply within first month 1251 110 2751 55 Extension for reply within first month 1251 110 2751 55 Extension for reply within first month 1251 110 2751 55 Extension for reply within first month 1251 110 2751 55 Extension for reply within first month 1251 110 2751 55 Extension for reply within first month 1251 110 2751 56 Extension for reply within first month 1251 110 2751 170 Extension for reply within first month 1251 110 2751 170 Extension for reply within first month 1251 110 170		1								
1. 1. 1. 1. 1. 1. 1. 1.	_ 	""	7 320	i	(Examiner action	n		├	
Submittive by Patrial		180	5 1,840*	1805 1				R after	<u> </u>	
1. BASIC FILING FEE Large Entity Small Entity Fee	FEE CALCULATION	l						ł		
Pee Fee	1. BASIC FILING FEE	1		_						
Code (\$)		L		1						
1401 330 2401 155 Notice of Appeal 1401 330 2401 155 Notice of Appeal 1402 330 2402 165 Filing a bnef in support of an appeal 1403 330 2402 165 Filing a bnef in support of an appeal 1403 330 2402 165 Filing a bnef in support of an appeal 1403 330 2402 165 Filing a bnef in support of an appeal 1403 330 2402 165 Filing a bnef in support of an appeal 1403 250 2403 145 Request for oral hearing 1403 250 2403 145 Request for oral hearing 1403 250 2403 145 Request for oral hearing 1403 250 240 2403 145 Request for oral hearing 1403 250 240 2403 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ļ		l						
1003 530 2003 295 Plant filing foe 1402 330 2402 185 Filing a brief in support of an appeal 1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing 1451 1,510 1451 1,5		ł		1				(ii ii kontii		
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing 1451 1,510 1451 1,510 Position to institute a public use proceeding 1451 1,510 1451 1,510 Position to institute a public use proceeding 1451 1,510 1451 1,510 Position to revive - unavoidable 1452 110 7452 55 Petition to revive - unintentional 1452 110 1451 1,510 Position to revive - unintentional 1452 110 1452 110 1451 1,510 Position to revive - unintentional 1452 110 1		ſ		1				n appeal		
1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1451 1,510 1452 150 1452 150 1453 1,330 1503 1,330 150		l l				=		· - -		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Extra Claims		145	1 1,510	1451	1,510	Potition to insti	tute a public (usa proceeding		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Fee Paid Total Claims 17 - 25° = 0 X		145	2 110	7452	55	Petition to revi	re - unavoida	ble		
Total Claims 17 -25" = 0 X = 1502 480 2502 240 Design issue fec Independent Claims 1 -3" = 0 X = 1600		145	3 1,330	2453	665	Petition to revi	ve - unintentio	Isno		
Total Claims 17 -25° = 0 X = 1503 840 2503 320 Plant issue fee Independent Claims Multiple Dependent 1 -3° = 0 X = 1460 130 1460 130 Petitions to the Commissioner 1807 50 Processing fee under 37 CFR 1.17(q) 1809 180 180 180 Submission of Information Disclosure Strnt Pee Fee Fee Fee Fee Fee Fee Code (\$) Code (\$) Recording each patent assignment per previously paid, if greater: For Reissues, see above 1500 Request Foliang Fee Paid SUBTOTAL (\$) 0 SUBMITTED BY 1500 Register in the Commission and strain in the Commission and strain in the Commission of Information Disclosure Strnt Recording each patent assignment per previously paid, if greater: For Reissues, see above 1500 Recording each patent assignment per previously paid, if greater: For Reissues, see above 1500 Recording each patent see under 37 CFR 1.17(q) 1800 Recording each patent assignment per previously paid, if greater: For Reissues, see above 1802 40 8021 40 802	Fee from			J		•				
Independent 1 3 3 = 0 X		1		1						
Multiple Dependent Large Entity Small Entity S	Independent 1 3-1- 0 v	ı		ł				ner		
Large Entity Small		1		ſ					<u> </u>	
Fee Code (\$)				L						
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims in excess of 3 1204 86 2204 43 "Reissue independent claims over uriginal patent over original patent over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent of the patent over original patent over				1	40	Recording each	h patont əssig	nment per		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claims, if not pold 1204 86 2204 43 "Reissue independent claims over original patent 1801 770 2810 385 For each additional invention to be examined (37 GFR 1.129(b)) 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1801 770 2801 385 Request for Continued Examination (RCF) 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1802 900 1802 900 Roquest for expedited examination of a design application 1802 900 Other fee (specify) "For number previously paid, if greater, For Reissues, see above 1802 900 Roquest for expedited examination of a design application 1802 900 Other fee (specify) "Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 SUBMITTED BY Registration No. (Complete (if epphrable)) Registration No. (Alternox/Rapant). 31,284 Telephone (404) 879-2151	1 A. 1 A. 1	l		1		property (timos	number of p	roperties)	 	
1204 86 2204 43 "Reissue independent claims over uniginal patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$ 0 "For number previously paid, if greater, For Reissues, see above SUBMITTED BY Name (Print/Typo) Patrea L. Pabst Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0 (Complete (404) 879-2151		160	~ (10	2003	303			p. rejecutii		
1205 18 2205 9 "Reissuc claims in excess of 20 and over original patent SUBTOTAL (2) (\$ 0	l ·	181	0 770	2810] []	
1205 18 2205 9 "Reissuc claims in excess of 20 and over original patent Other fee (specify) SUBTOTAL (2) (\$ 0 Other fee (specify) "For number previously paid, if greater, For Reissues, see above Other fee (specify) SUBMITTED BY Name (Print/Type) Patrea L. Pabst Registration No. (Alternox/Rappit). 31,284 Telephone (404) 879-2151		180	1 770	2801		•		•		
SUBTOTAL (2) (\$) 0 Other fee (specify) "For number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 SUBMITTED BY Name (Print/Typo) Patrea L. Pabst Registration No. 31,284 Telephone (404) 879-2151	1205 18 2205 9 ** Reissuc claims in excess of 20	1				Request for e	xpedited example		<u> </u>	
**Or number previously paid, if greater, For Reissues, see above Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0 SUBMITTED BY (Complete (if applicable)) Registration No. 31,284 Telephone (404) 879-2151		Oth								
SUBMITTED BY (Complete (if epplicable)) Name (Print/Type) Patrea L. Pabst Registration No. (Alternovidapant) 31,284 Telephone (404) 879-2151	SUBTOTAL (2) (3) Revolved by Basic Filling Fee Paid CURTOTAL (A) (5) 0									
Name (Print/Type) Patrea L. Pabst Registration No. 31,284 Telephone (404) 879-2151										
					31	284				
Signature Date July / 2004		(Alle(ney/Agent).				,	(101)0)0101			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

be included on this form, Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, I*-O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED CENTRAL FAX CENTER

1111

Applicant:

Peter M. Glazer

JUL 1 2 2004

Serial No.:

09/978,333

Art Unit:

1655

OFF

Filed:

October 15, 2001

Examiner:

Carla J. Myers

For:

TRIPLE-MELIX FORMING OLIGONUCLEOTIDES FOR

TARGETED MUTAGENESIS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

Responsive to the Office Action mailed on May 6, 2004, please consider the following remarks. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.

45048779vt

1

YU 132 (OCR 653) 078245/00045